



Serving the People of California

This form will be the basic record of your ACCOUNT. **DO NOT FILE THIS FORM UNTIL YOU HAVE PAID WAGES OF \$750.** Please read the **INSTRUCTIONS** below before completing this form. **PLEASE PRINT OR TYPE.** Return this form to: **If you are an agency providing household workers for clients, you must file a Registration Form for Commercial Employers (DE 1).**

QUESTIONS: (916) 654-7041  
EMPLOYMENT DEVELOPMENT DEPARTMENT  
TAX STATUS & EXAM GROUP, MIC 28  
P.O. BOX 826880  
SACRAMENTO CA 94280-0001  
(916) 654-7041

## DE 1HW REGISTRATION FORM FOR EMPLOYERS OF HOUSEHOLD WORKERS

DEPT US	ACCOUNT NUMBER								QUARTER		ETDO		FED CODE		05	ON-LINE PROCESS DATE	TAS CODE

<b>A. EMPLOYER NAME(S)</b>				<b>SOCIAL SECURITY NUMBER</b>				<b>DRIVER'S LICENSE NUMBER</b>			
<b>B. MAILING ADDRESS P.O. Box or Street and Number</b>				<b>CITY OR TOWN</b>		<b>STATE</b>		<b>ZIP CODE</b>		<b>BUSINESS PHONE</b> ( )	
<b>IN CARE OF:</b>				<b>C. EMPLOYEE WORK SITE ADDRESS</b>						<b>COUNTY</b>	
<b>D. TYPE OF ORGANIZATION</b>				INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER <input type="checkbox"/> _____				Federal I.D. Number			
<b>E. INDICATE QUARTER AND YEAR IN WHICH YOU FIRST PAID \$750 BUT NOT MORE THAN \$999 IN CASH WAGES:</b>										Number of Employees	
<input type="checkbox"/> Jan.-Mar. 19__ <input type="checkbox"/> Apr.-June 19__ <input type="checkbox"/> July.-Sept. 19__ <input type="checkbox"/> Oct.- Dec. 19__ <input type="checkbox"/> NONE											
<b>F. INDICATE QUARTER AND YEAR IN WHICH YOU FIRST PAID \$1,000 OR MORE IN CASH WAGES:</b>										Number of Employees	
<input type="checkbox"/> Jan.-Mar. 19__ <input type="checkbox"/> Apr.-June 19__ <input type="checkbox"/> July.-Sept. 19__ <input type="checkbox"/> Oct.- Dec. 19__ <input type="checkbox"/> NONE											
<b>G. WILL YOU WITHHOLD PERSONAL INCOME TAX FROM ANY EMPLOYEE WAGES?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES											
<b>H. HAVE YOU EVER BEEN REGISTERED WITH THIS DEPARTMENT?</b>				<b>IF YES, ENTER EMPLOYER ACCOUNT NUMBER BUSINESS NAME AND ADDRESS</b>							
<input type="checkbox"/> NO <input type="checkbox"/> YES				ACCOUNT NUMBER		BUSINESS NAME		ADDRESS			
<b>I. DECLARATION</b>											
These statements are hereby declared to be correct to the best knowledge and belief of the undersigned.											
Signature _____				Date _____		Residence Phone ( ) _____					
Title _____				Residence Address _____							
(Owner, Partner, Officer, etc.)				Street		City		State		ZIP Code	

**INSTRUCTIONS:** YOU MUST FILL OUT THIS FORM TO REGISTER WITH EDD **WITHIN 15 DAYS OF EMPLOYING AND PAYING HOUSEHOLD WORKERS CASH WAGES TOTALLING \$750** OR MORE IN ANY CALENDAR QUARTER. COMPLETE ALL SECTIONS AS FOLLOWS:

- ENTER FULL NAME, SOCIAL SECURITY NUMBER AND DRIVER'S LICENSE NUMBER OF THE EMPLOYER(S) OF THE HOUSEHOLD WORKER(S).
- ENTER THE ADDRESS WHERE EDD CORRESPONDENCE AND FORMS SHOULD BE SENT.
- ENTER ADDRESS WHERE HOUSEHOLD WORKER PERFORMS DUTIES IF DIFFERENT THAN MAILING ADDRESS. ENTER COUNTY OF WORK LOCATION.
- CHECK THE APPROPRIATE BOX, IF OTHER, PLEASE SPECIFY. ENTER FEDERAL IDENTIFICATION NUMBER(S). IF NOT ASSIGNED, ENTER "APPLIED FOR".
- CHECK THE APPROPRIATE BOX WHEN YOU FIRST PAID **\$750** OR MORE IN CASH WAGES. ENTER TOTAL NUMBER OF HOUSEHOLD EMPLOYEES WORKING FOR YOU. THESE WAGES ARE SUBJECT TO STATE DISABILITY INSURANCE WITHHOLDING.
- CHECK THE APPROPRIATE BOX WHEN YOU FIRST PAID **\$1,000** OR MORE IN CASH WAGES, OR CHECK NONE. ENTER THE TOTAL NUMBER OF EMPLOYEES WORKING FOR YOU. THESE WAGES ARE SUBJECT TO UNEMPLOYMENT INSURANCE AND EMPLOYMENT TRAINING TAXES AND STATE DISABILITY INSURANCE WITHHOLDINGS. BOTH HOUSEHOLD WORKER AND HOUSEHOLD EMPLOYER MUST AGREE IF PERSONAL INCOME TAX IS WITHHELD FROM WORKER'S WAGES.
- CHECK THE APPROPRIATE BOX.
- CHECK NO OR YES BOX AND PROVIDE ADDITIONAL INFORMATION FOR YES ANSWERS.
- THIS DECLARATION MUST BE SIGNED BY ONE OF THE PERSONS LISTED IN A.

WE WILL NOTIFY YOU OF YOUR EDD ACCOUNT NUMBER BY MAIL. TO HELP YOU UNDERSTAND YOUR TAX WITHHOLDING AND FILING RESPONSIBILITIES, YOU WILL BE SENT A **HOUSEHOLD EMPLOYER'S GUIDE, DE 8829**. YOU CAN ALSO CONTACT YOUR NEAREST EMPLOYMENT TAX CUSTOMER SERVICE OFFICE AS LISTED IN THE WHITE PAGES OF THE TELEPHONE DIRECTORY.